

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties


Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name John Tantimonaco	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Jamestown	State R.I.	ZIP 02835	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) None		Own. % Business Associated with None		Effective Own. % in Applicant [REDACTED]		
Name Louis J. D'Antuono	Title Vice President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Surfside	State FL	ZIP 33154	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) None		Own. % Business Associated with None		Effective Own. % in Applicant [REDACTED]		
Name Hollis Hunnewell	Title Vice President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? X Yes <input type="checkbox"/> No		
Address [REDACTED]	City Cohasset	State MA	ZIP 02025	Phone Number [REDACTED]		
Business Associated with (Parent business or sub-entity) None		Own. % Business Associated with None		Effective Own. % in Applicant [REDACTED]		
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address N/A	City N/A	State N/A	ZIP N/A	Phone Number () N/A		
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant N/A		
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant N/A

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None	N/A	N/A	N/A
None	N/A	N/A	N/A
None	N/A	N/A	N/A


 Authorized Signatory

4/28/2017
 Date

John Tantimonaco
 Printed Name